

Date

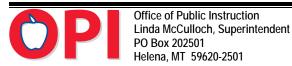
1 copy State Supt.1 copy County Supt.1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.36 County Name County Number District Name Legal Entity Number Roosevelt Frontier Elementary Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 2 115.8 65 **Bus Route Mileage** Vehicle I.D. # License # **District Owned** □ District Owned □ Contract - If so, Name of Owner 1HVBRABP41A938085 545 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0774 100.00 % % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route а С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee



Data Das Mila								
Rate Per Mile  Due Dates: To County Supt To OPI  All Routes October 1 October 15 \$1.15								
County Name County Number District Name Legal Entity No.	ımber							
Roosevelt 43 Frontier Elementary 0774								
Route # Length of Route (miles per day) Type of Service   Bus Route Mileage Rated Capacity	/							
□ Non Bus Mileage 1 152 Bus Route Mileage 59								
Vehicle I.D. #     License #     □ District Owned       District Owned								
1HVBRABP41A937941 546 Contract - If so, Name of Owner Contracted rate per mile								
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Legal Entity  Legal Entity  Legal Entity  Legal Entity  Legal Entity  Legal Entity								
% 100.00 % % %								
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Number of Preschool/Kindergarten pupils riding this route  ELEMENTARY RIDERS HIGH SCHOOL RIDERS (Grades 9-12)  (Grades PK-8)  (Grades 9-12)  ELIGIBLE F								
a b c NUMBER NUMBER a+b								
Regular (include eligible Preschool/Kindergarten riders)								
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2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
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<b>Due Date</b> All Routes				ounty Supt ber 1	<b>To OPI</b> October 15		Rate Per Mile \$0.95
County Name			County Number	District Na	ame		Legal Entity Number
Roosevelt			43	Poplar F	Public Schools		0775 0776
Route #	Length	n of Route (	miles per day)	Type of S	ervice   Bus Route Mi		Rated Capacity
2	56.3			Rue Poi	□ Non Bus Mile ute Mileage	age	47
Vehicle I.D. #	<u> </u>	icense #		□ District O		District Own	
4DRBRABM34B969673	5	596		□ Contract	- If so, Name of Owner ed rate per mile		
Reimbursement Distribution- En	nter the I	legal entity			ty reimbursement to be p	aid to each dis	trict. Note: Percentages
Legal Entity 0775	L	Legal Entity 07		atch budget! Legal Enti	ty	Legal Entit	У
% 75.00		% 25.	00	%		%	
PASSENGER INFORMATION		70 20.					
Number of Preschool/Kindergarten pupils riding this route			ELEMENTARY (Grades Ph	_	HIGH SCHOOL (Grades 9-	_	TOTAL ELIGIBLE RIDERS
			a NUMBER		b NUMBER	)	c a+b
Regular (include eligible Preschool/	Kindergar	rten riders)	NOWIDE	NUMBER		`	a + b
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
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This Application for Registration area assigned to it by the Coun				has been revi	ewed and I certify that this	s bus operates	within the transportation
Signature - Chair, County Transport	_					Date	



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This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$0.95 County Name County Number District Name Legal Entity Number Roosevelt Culbertson Public Schools 0777 0778 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 5A 122.5 23 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner Duane Martin 2GBHG31K7K4157129 D755 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0777 0778 50.00 % 50.00 % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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Date

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receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.80 County Name County Number District Name Legal Entity Number Roosevelt Culbertson Public Schools 0777 0778 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 3A 140.6 89 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner Larry Birch 1HVBGAAN1XA088611 C630 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0777 0778 25.00 % 75.00 % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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Helena, MT 59620-2501

State Reimbursement
School Year 2005 - 2006

1 copy School Dis
School Year 2005 - 2006

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that

receives state reimbursement e	ven though transpo	ortees of another legal	entity may utilize	the services.	F	Rate Per Mile	
<b>Due Date</b> All Routes			County Supt ober 1	<b>To OPI</b> October 15		\$0.95	
County Name		County Number District Name				Legal Entity Number	
Roosevelt		43	Culbertso	on Public Schools		0777 0778	
Route #	Length of Route	(miles per day)		vice   Bus Route Mil	-	Rated Capacity	
2A	110.8		Bus Rout	□ Non Bus Milea e Mileage	age	36	
Vehicle I.D. #	License #		□ District Ow	ned C	Contractor C		
1GDG6S1B1FV625619	C559			f so, Name of Owner L rate per mile	_arry Hekke	<u> </u>	
Reimbursement Distribution- Er	nter the legal entity			reimbursement to be pa	aid to each dis	trict. Note: Percentages	
Legal Entity	Legal Entity		natch budget!  Legal Entity		Legal Entity	У	
0777		778	J ,			,	
% 65.00	% 35.	.00	%		%		
PASSENGER INFORMATION		EL ENACHTA DV	DIDEDO	LIIOLI 2011001	DIDEDO	TOTAL	
Number of Preschool/Kinderga	rten pupils riding	ELEMENTARY (Grades P		HIGH SCHOOL I (Grades 9-7	_	TOTAL ELIGIBLE RIDERS	
		a NUMBE	R	b NUMBER		c a+b	
Regular (include eligible Preschool/	Kindergarten riders)						
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
neligible Public School Riders (i.e., nonresident and no attendance agre otherwise allow nonresident riders t Include ineligible Preschool/Kinder	eement that would to be eligible) garten riders)						
Nonpublic School Riders (ineligible)							
TOTAL RIDERS							
We hereby certify that this bus we county Transportation Committee. We agree to supervision of this be required; to provide a vehicle which Superintendent; and to provide a lic We also agree to refrain from so We understand that violations of this bus route.  We agree that if this route crosses the school boards of both districts we understand route changes of accordance with 20-10-132, MCA.	We further certify that bus and bus route by to meets the minimum sensed, qualified and a iciting or causing other the laws, rules or regress district lines and tra- hall be attached to the	this bus transports pupils he State Superintendent; to standards as established by approved driver to operate extended to solicit students from sulations governing school to ansports students from outs to county superintendent's county superintendent s	eligible for school to make such report y the Board of Publ such vehicle as recother transportation will be side the district, a copy of this docume	ransportation as defined by its to the State Superintende ic Education, the Montana lquired by 20-10-103, MCA. a areas. e sufficient cause for withher opy of the agreement betweent.	20-10-101, MC/ ent and County S Highway Patrol a olding of state ar een Boards, 20-1	A. Superintendent as are and the State and county reimbursement for 10-126(2) MCA, signed by	
certify that this application for ous operates on the route as application.	0				,	,	
Signature - Chair, Board of Trustees			2.2.2.2.2.2.3	.,	Date	17.7	
This Application for Registration area assigned to it by the Coun	n of School Bus and ty Transportation C	d State Reimbursement		ordance with Section 2 ved and I certify that this	bus operates		
Signature - Chair, County Transport	ation Committee				Date		



1 copy State Supt. 1 copy County Supt. 1 copy School District

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Signature - Chair, Board of Trustees

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and Licertify that this bus operates within the transportation

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This form is required in accorda receives state reimbursement e					one form for e	each bus route that		
<b>Due Date:</b> All Routes	~-	To Co Octob	ounty Supt per 1	<b>To OPI</b> October 15		Rate Per Mile \$1.15		
County Name		County Number District Name				Legal Entity Number		
Roosevelt		43	Wolf Poir	nt Public Schools		0780 0781		
Route #	Length of Route			rvice   Bus Route Mi		Rated Capacity		
1A Sped Oswego Exten.	42.4		Bus Rout	□ Non Bus Mileate Mileage	age	53		
Vehicle I.D. #	License #		□ District Ow		District Owr	ned		
1BIBHBPA83F213348	132			If so, Name of Owner drate per mile				
Reimbursement Distribution- Er	nter the legal entity		of state/county	y reimbursement to be pa	aid to each di	strict. Note: Percentages		
Legal Entity 0780	Legal Entity		Legal Entity	/	Legal Enti	ty		
% 100.00	%		%		%			
PASSENGER INFORMATION		ELEMENTARY F	UDEDO	HIGH SCHOOL	DIDEDO	TOTAL		
Number of Preschool/Kindergar this route	rten pupils riding	(Grades PK		(Grades 9-		TOTAL ELIGIBLE RIDERS		
				b NUMBER		c a + b		
Regular (include eligible Preschool/h	Kindergarten riders)							
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., nonresident and no attendance agre otherwise allow nonresident riders to (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	eement that would be eligible)							
TOTAL RIDERS								
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I certify that this application for bus operates on the route as ap								
Signature - Chair, Board of Trustees		,			Date			
County This Application for Registration area assigned to it by the County	n of School Bus and							
Signature - Chair, County Transport					Date			



Date

1 copy State Supt.1 copy County Supt.1 copy School District

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<b>Due Dates:</b> All Routes			To County Supt October 1			<b>To OPI</b> October 15		Rate Per Mile \$1.15
County Name			County Number		District Nan	ne		Legal Entity Number
Roosevelt			43		Wolf Poir	nt Public Schools		0780 0781
Route #	Length	of Route (	miles per day)		Type of Ser	rvice   Bus Route Mi		Rated Capacity
2 Volt	78.6				Bus Rout	□ Non Bus Mile te Mileage	age	54
Vehicle I.D. #	Lie	icense #			District Ow	ned [	District Own	ned
1BAAECSH5WF076713	4	70				If so, Name of Owner I rate per mile		
Reimbursement Distribution- Er	nter the le	egal entity				reimbursement to be p	aid to each dis	strict. Note: Percentages
Legal Entity	Le	egal Entity		matc	ch budget! Legal Entity	,	Legal Entit	ty
0780		07	'81					
% 67.00		% 33.0	00		%		%	
PASSENGER INFORMATION		/0 33.	00	-	70		70	•
Number of Preschool/Kindergar	rten nunil	s ridina	ELEMENTAR` (Grades F		_	HIGH SCHOOL (Grades 9-	_	TOTAL ELIGIBLE RIDERS
this route	Tion papin	o namg	,		, 	,	12)	
			a NUMBER			b NUMBER		c a + b
Regular (include eligible Preschool/h	Kindergarte	en riders)						
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., nonresident and no attendance agre								
otherwise allow nonresident riders to	o be eligibl	le)						
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)		ers)						
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.								
We understand that violations of this bus route.	the laws, r	rules or regu	ulations governing school	l trans	sportation will b	e sufficient cause for withh	ū	•
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bus operates on the route as approved by and within the transportation Signature - Chair, Board of Trustees					co area assig	nica by the County Hall	Date	mmuce.
County This Application for Registration area assigned to it by the County	of School	ol Bus and	State Reimbursemer			ordance with Section and I certify that this		
Signature - Chair, County Transport							Date	



1 copy State Supt.1 copy County Supt.1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that

receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$0.95 County Name County Number District Name Legal Entity Number Roosevelt Wolf Point Public Schools 0780 0781 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 81.2 47 **Bus Route Mileage** Vehicle I.D. # License # □ District Owned Contractor Owned ☐ Contract - If so, Name of Owner Wesley Vine 1483 A935 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0780 0781 33.00 % % 67.00 % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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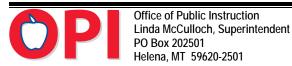
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Signature - Chair, County Transportation Committee Date

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation

area assigned to it by the County Transportation Committee



Date

1 copy State Supt.1 copy County Supt.1 copy School District

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This form is required in accordance receives state reimbursement evaluations.							one form for ea	ch bus route that
		g	•	To County Supt To OPI			R	Rate Per Mile
<b>Due Dates</b> All Routes				ctober	, .	October 15	5	\$0.95
County Name			County Number		District Nam	ne		Legal Entity Number
Roosevelt			43		Bainville I	K-12 Schools		0785
Route #	Length	h of Route	(miles per day)		Type of Ser	vice   Bus Route Mi	-	Rated Capacity
2	21				Bus Rout	□ Non Bus Mile e Mileage		36
Vehicle I.D. #		icense #			District Ow		District Own	
1HVBRAAMX2A918769	5	543				f so, Name of Owner rate per mile		
Reimbursement Distribution- En	ter the	legal entity				reimbursement to be p	aid to each dist	rict. Note: Percentages
Legal Entity	ı ı	Legal Entity			<u>budget!</u> Legal Entity		Legal Entity	/
0785								
% 100.00		%		_	%		%	
PASSENGER INFORMATION			ELEMENTAR'	Y RIDI	ERS	HIGH SCHOOL	RIDERS	TOTAL
Number of Preschool/Kindergarten pupils riding this route			(Grades I	PK-8)		(Grades 9-	12)	ELIGIBLE RIDERS
			a NUMBER			b NUMBER		c a + b
Regular (include eligible Preschool/k	Kindergaı	rten riders)					•	
1st Wheelchair (WC)								
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Non-WC IEP Lists Trans as Related	Service							
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County T This Application for Registration						ordance with Section 2		
area assigned to it by the Count	y Trans	portation C			_ 55 101101			
Signature - Chair, County Transportation Committee Date								



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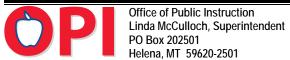
1 copy State Supt.1 copy County Supt.1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$0.95 County Name County Number District Name Legal Entity Number Roosevelt Froid Public Schools 0786 0787 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 3 120 48 **Bus Route Mileage** Vehicle I.D. # License # **District Owned** □ District Owned □ Contract - If so, Name of Owner 1GBL7T1C3XJ104722 270 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0786 0787 57.00 43.00 % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route а С NUMBER **NUMBER** a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee



This form is required in accordareceives state reimbursement e						ne form for ea	ach bus route that	
<b>Due Dates:</b> All Routes			•	ounty Supt	<b>To OPI</b> October 15		Rate Per Mile \$1.15	
County Name			County Number	District Nan	ne		Legal Entity Number	
Roosevelt			43	Froid Put	olic Schools		0786 0787	
Route #	Length	of Route (	(miles per day)	Type of Sei	rvice   Bus Route Mile		Rated Capacity	
2	158			Rus Rout	□ Non Bus Milea te Mileage	ge	54	
Vehicle I.D. #		icense #		☐ District Ow		istrict Own	<u> </u>	
1GBL7T1J4VJ112937	4	71			If so, Name of Owner I rate per mile			
Reimbursement Distribution- En	nter the le	egal entity			reimbursement to be pa	id to each dis	trict. Note: Percentages	
Legal Entity	L	egal Entity		atch budget! Legal Entity	,	Legal Entity	у	
0786		07	<sup>7</sup> 87					
% 75.00		% 25.	00	%		%		
% 75.00  PASSENGER INFORMATION		% 25.	00	70		%		
Number of Preschool/Kindergal	rten pupil	ls riding	ELEMENTARY I (Grades PK	_	HIGH SCHOOL F (Grades 9-1	_	TOTAL ELIGIBLE RIDERS	
	this route			?	b NUMBER		c a + b	
Regular (include eligible Preschool/	Kindergart	ten riders)	NUMBER		HOMBER		Q 1 D	
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	d Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)  Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
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County This Application for Registration area assigned to it by the Coun	n of Scho	ool Bus and	d State Reimbursement		ordance with Section 2 wed and I certify that this			
Signature - Chair, County Transport						Date		



Heiena, MT 59620-2501				School Year 2005 - 2006			
This form is required in accorda receives state reimbursement e							
Due Dates	·	To Co	ounty Supt	To OPI	F	Rate Per Mile	
All Routes		October 1 October 15				\$0.95	
County Name		County Number	District Nan	ne		Legal Entity Number	
Roosevelt		43	Froid Pub	olic Schools		0786 0787	
Route #	Length of Route	(miles per day)	Type of Ser	rvice   Bus Route Milea		Rated Capacity	
1	108		Bus Rout	□ Non Bus Mileag te Mileage	е	42	
Vehicle I.D. #	License #		□ District Ow		strict Own	ed	
1GBL7T1C81J511636	7419			If so, Name of Owner I rate per mile			
Reimbursement Distribution- Er	ter the legal entity		of state/county	reimbursement to be paid	d to each dis	trict. Note: Percentages	
Legal Entity 0786	Legal Entity	y 787	Legal Entity		Legal Entit	у	
% 75.00	% 25.	00	%		%		
PASSENGER INFORMATION	76 23.		70		70		
Number of Preschool/Kindergar this route	ten pupils riding	ELEMENTARY F (Grades PK		RS HIGH SCHOOL RID (Grades 9-12)		TOTAL ELIGIBLE RIDERS	
		a NUMBER	ı	b NUMBER		c a+b	
Regular (include eligible Preschool/h	Kindergarten riders)	NOMBER	<u>.</u>	HOMBER		4 1 5	
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., nonresident and no attendance agre otherwise allow nonresident riders to (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	ement that would be be eligible)						
TOTAL RIDERS							
TOTAL RIDERS							
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County 1	Fransportation Co	ommittee Approval as re	equired in acc	ordance with Section 20	-10-132, MC	:A.	
This Application for Registration area assigned to it by the Count	of School Bus and	d State Reimbursement h					
Signature - Chair, County Transporta					Date		



This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.								
<b>Due Dates:</b> All Routes				o Cou Octobe	nty Supt r 1	To OPI October 15		Rate Per Mile \$1.15
County Name			County Number		District Nam	ne		Legal Entity Number
Roosevelt			43		Froid Pub	olic Schools		0786 0787
Route #	Length	h of Route (	miles per day)		Type of Ser	vice   Bus Route Mi		Rated Capacity
4	70				Bus Rout	□ Non Bus Mile e Mileage	age	54
Vehicle I.D. #	L	icense #			District Ow	ned [	District Own	ed
1GBL7T154WJ105178	4	480				f so, Name of Owner rate per mile		
Reimbursement Distribution- Er	nter the I	legal entity				reimbursement to be p	aid to each dis	strict. Note: Percentages
Legal Entity 0786	L	Legal Entity		st mate	h budget! Legal Entity		Legal Entit	у
							-	
% 100.00		%			%		%	
PASSENGER INFORMATION		1	ELEMENTA	RY RIF	DERS	HIGH SCHOOL	RIDERS	TOTAL
Number of Preschool/Kindergar this route	rten pupi	ils riding	(Grades		_	(Grades 9-	_	ELIGIBLE RIDERS
			a NUMBER			b NUMBER		c a + b
Regular (include eligible Preschool/	Kindergar	rten riders)					-	
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., nonresident and no attendance agre otherwise allow nonresident riders to	eement the	nat would ble)						
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)		ers)						
TOTAL RIDERS								
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I certify that this application for bus operates on the route as ap	proved							
Signature - Chair, Board of Trustees	6						Date	
County This Application for Registration area assigned to it by the County	n of Scho	ool Bus and	State Reimbursem			ordance with Section 2 wed and I certify that this		
Signature - Chair, County Transport							Date	